

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:36

DOCUMENT # S39402 (0)

1. Corporation Name
MARC OF THE DREW, INC.

Principal Place of Business: **11901 NW 29TH PLACE SUNRISE FL 33323**
Mailing Address: **11901 NW 29TH PLACE SUNRISE FL 33323**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0267637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Tax-exempt corporation? <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. The corporation has liability for franchise tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 225 NW 21 COURT State, Apt. # etc.	2a. Mailing Address 26. SUNRISE State, Apt. # etc.
22. City & State 23. Wilton Manors, FL	27. City & State 28. Wilton Manors, FL
24. 33311	25. USA
29. FL	30. 33311

9. Name and Address of Current Registered Agent
**MOSSOP, ANDREW
11901 NW 29TH PLACE
SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81. Name MARC POMEROY
82. Street Address (P.O. Box Number is Not Acceptable) 225 NW 21 COURT
83. City Wilton Manors
84. State FL
85. Zip Code 33311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office (or registered agent, if both in the State of Florida). Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 607.0505, Florida Statutes.
SIGNATURE: *Marc Pomeroy* DATE: **6-24-95**

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	POMEROY, MARC
STREET ADDRESS	1390 SW 21ST ST.
CITY, ST, ZIP	BOCA RATON FL
TITLE	P
NAME	MOSSOP, ANDREW
STREET ADDRESS	11901 NW 29TH PLACE
CITY, ST, ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. OFFICERS AND DIRECTORS

1.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARC POMEROY	
1.3 STREET ADDRESS	225 NW 21 CT	
1.4 CITY, ST, ZIP	WILTON MANORS, FL 33311	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee responsible to prepare this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 (checked) of this attachment with an address.

SIGNATURE: *Marc Pomeroy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-95 564-8652 (305)

CR2E034 (3/95)